

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10597299

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | 26 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 27 | | 0 | | 0 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 0 | | 0 | | 0 | |